the term abacterial cystitis he must eliminate from it his own cases in which spirochaetes were found.

Yours faithfully,

270, Staines Road, Twickenham, Middlesex.

December 18, 1953.

DAVID WHEATLEY

To the Editor of the British Journal of Venereal Diseases.

SIR, The letter from Dr. G. O. Horne has been shown to me. His statement that, in my recently published book, "Progress in Venereology", I imply that the cause of non-specific urethritis is necessarily identical with that of abacterial pyuria, I strongly deny, for the passage concerned bears no such implication. Immediately following is written:

The aetiology of non-specific urethritis is not fully understood.

And the nine pages devoted to topical papers on non-gonococcal urethritis, giving nearly 100 references, have but eight lines to include the mention of spirochaetes and abacterial pyuria as possible causes of non-gonococcal discharges.

Any confusion of thought is clearly on the side of Dr. Horne. In his review of abacterial cystitis, which he has taken the opportunity of quoting, no less than nine of the eleven cases cited had or had had a urethritis. It is thus evident that a spirochaetal cause should be considered as a possibility in *some* cases of non-gonococcal urethritis, which is all that is implied in my book.

I am, Sir,

Yours faithfully.

R. R. WILLCOX

Tideway, Lonsdale Rd., Barnes, London, S.W.13.

December 29, 1953.

To the Editor of the British Journal of Venereal Diseases.

SIR, You have kindly allowed me to read the letters from Drs Horne, Willcox, and Wheatley, and, as my opinion is quoted, have suggested that I may wish to comment.

In my monograph on non-gonococcal urethritis, (Harkness, 1950) I stated that cystoscopy was carried out in two of my cases of *acute* (not subacute) abacterial urethritis, and that in both it revealed an acute generalized cystitis. At a later date (November, 1950), in describing acute abacterial urethritis of venereal origin, I wrote:

In eight of my cases (of acute abacterial urethritis) in which cystoscopy was carried out, an acute generalized cystitis was revealed, and I have come to the conclusion that this is the same disease as that known to the urologists as abacterial pyuria.

Since that date cystoscopy carried out in two further cases has shown the same cystoscopic picture, a picture which my surgical colleagues at the Institute of Urology consider to be identical with that of abacterial pyuria.

Today I am more than ever convinced that acute abacterial urethritis of venereal origin and the urologists' abacterial pyuria are one and the same disease. The infective agent (probably, in my opinion, a virus or the pleuropneumonia-like organism) is uncertain, but both diseases react to the same types of treatment. The urethral discharge sometimes ceases early, before the patient sees a urologist, but the acute symptoms—severe dysuria, frequency, and haematuria—persist.

I have also demonstrated spirochaetes in the urethral discharges and urines in all types of urethritis, but, in my opinion, these are the normal saprophytes of the glans and prepuce and are to be seen only when inadequate cleansing has preceded the taking of specimens.

Yours faithfully,

12, Wimpole Street, London, W.1. January 19, 1954. A. H. HARKNESS

REFERENCES

Harkness, A. H. (1950). "Non-Gonococcal Urethritis", p. 87.
Livingstone, Edinburgh.
——(1950). Maroc. Méd., (No. 306), 29, 1034.